

FROM TREXLER ETAL.

(THU) 9. 22 '05 14:28/ST. 14:28/NO. 4860347521 P 1

TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE & MARR, LTD.

COUNSELORS AT LAW

THE CLARK ADAMS BUILDING

105 WEST ADAMS STREET, SUITE 3600

CHICAGO, ILLINOIS 60603-6299

(312) 704-1890

RICHARD R. TREXLER (1906-1995)

RICHARD BUSHNELL (1926-2004)

RICHARD A. GIANGIORGI

RAIFORD A. BLACKSTONE, JR.

DAVID J. MARR

LINDA L. PALUMAR

JAMES R. FOLEY

JAMES A. O'MALLEY

TIMOTHY M. MCCARTHY

PAIGE A. KITZINGER

RECEIVED
CENTRAL FAX CENTER

SEP 22 2005

FOUNDED 1890

PATENT, TRADEMARK, COPYRIGHT
AND RELATED MATTERS: ALL PHASES
INCLUDING LICENSING AND LITIGATION

FAX: (312) 704-8023

www.trexlaw.com

FACSIMILE TRANSMISSION

TOTAL PAGES (Including Cover Page) 10 DATE: September 22, 2005

Commissioner of Patents and Trademarks

TO: A. Lewis FROM: Raiford A. Blackstone, Jr., Reg. No. 25,156

FAX NO: (571) 273-8300 FAX NO: (312) 704-8023

If you experience any difficulty with this transmission, please call (312) 704-1890 for assistance.

ORIGINAL COPY AND ENCLOSURES

 WILL BE SENT BY MAIL COURIER
 ✓ WILL NOT BE SENT

NOTES:

Inventor: Olsen et al.

For: BREATHING ASSISTANCE
APPARATUS

Art Unit: 3743

Serial No.: 10/646,434

Filed: August 22, 2002

Attorney Ref.: 1171/40069B/112B

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number (571) 273-8300 on September 22, 2005.

Tiffany E. Sexton
Tiffany E. Sexton

IMPORTANT NOTICE

This transmission (including all attached pages) is intended only for the use of the named addressee(s), and may contain information that is privileged or exempt from disclosure under applicable law. **IF YOU ARE NOT A NAMED ADDRESSEE, YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TRANSMISSION IS STRICTLY PROHIBITED.** If you have received this transmission in error, please destroy all copies and notify us immediately at this telephone number: (312) 704-1890.

FROM TREXLER ETAL.
FORM PTO-1083

(THU) 9. 22' 05 14:29/ST. 14:28/NO. 4860347521 P 2

Case Docket No. 1171/40069B/112B

In re application of:

Serial No.: 10/646,434

Filed: August 22, 2003

For: BREATHING ASSISTANCE APPARATUS

Applicant: Olsen et al.

Attorney Docket No.: 1171/40069B/112B

RECEIVED
CENTRAL FAX CENTER

SEP 22 2005

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the
Patent and Trademark Office to fax number (571) 273-8300 on:9/22/2005
DateTiffany E. Sexton
Tiffany E. SextonCOMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 21	MINUS	** 44	0
INDEP.	* 2	MINUS	** 4	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL ADDIT. FEE	\$.00

OTHER THAN A
SMALL ENTITY

Rate	Addit. Fee
x 5 =	\$.00
x 20 =	\$.00
+ 30 =	\$.00
TOTAL	\$.00

OR

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of _____ to cover the filing fee is also enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.

☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17

Dated: Sept. 22, 2005

Raiford A. Blackstone, Jr. Reg. No. 25,156

Linda L. Palomar, Reg. No. 37,903

Attorneys of Record

BEST AVAILABLE COPY

FROM TREXLER ETAL.
FORM PTO-1083

RECEIVED
CENTRAL FAX CENTER

(THU) 9. 22' 05 14:29/ST. 14:28/NO. 4860347521 P 3

Case Docket No. 1171/40069B/112B

SEP 22 2005

In re application of:

Serial No.: 10/646,434

Filed: August 22, 2003

For: BREATHING ASSISTANCE APPARATUS

Applicant: Olsen et al.

Attorney Docket No.: 1171/40069B/112B

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number (571) 273-8300 on:

9/22/2005
Date

Tiffany E. Sexton
Tiffany E. Sexton

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 21	MINUS	** 44	0
INDEP.	* 2	MINUS	** 4	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL ADDIT. FEE	\$.00

OTHER THAN A SMALL ENTITY

Rate	Addit. Fee
x 10 =	\$.00
x 20 =	\$.00
+ 30 =	\$.00
TOTAL	\$.00

OR

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: Sept. 22, 2005

Raiford A. Blackstone, Jr.
Raiford A. Blackstone, Jr. Reg. No. 25,156
Linda L. Palomar
Linda L. Palomar, Reg. No. 37,903
Attorneys of Record

TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE, & MARR, LTD. • 105 W. ADAMS ST. • CHICAGO, ILLINOIS 60603 • (312) 704-1890

PAGE 3/10 * RCVD AT 9/22/2005 3:34:47 PM [Eastern Daylight Time] * SVR:USPTO-EFAXRF-6/26 * DNIS:2738300 * CSID:1 312 704 8023 * DURATION (mm-ss):03-14

FROM TREXLER ETAL.

RECEIVED
CENTRAL FAX CENTER

(THU) 9. 22' 05 14:29/ST. 14:28/NO. 4860347521 P 4

SEP 22 2005

PATENT

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Serial No.: 10/646,434
Filed: August 22, 2003
For: BREATHING ASSISTANCE
APPARATUS
Applicant: Olsen et al.
Examiner: A. Lewis
Art Unit: 3743
Attorney Ref: 1171/40069B/112B

CERTIFICATION OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number (571) 273-8300 on: <u>9/22/2005</u> Date <u>Tiffany E. Sexton</u> Tiffany E. Sexton

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated June 28, 2005, having a shortened statutory
period for response set to expire on September 28, 2005, kindly amend the above-identified
patent application as follows: